

Description:

To prevent disease, disability and premature death; to promote healthy lifestyles; and to protect and promote the health and quality of our environment. </- Equal to or less than. * ND - No data available from Idaho Vital Statistics System as of 9/1/00. ** New targets established in Strategic Plan 2005 for 2001-2005.

Major Functions and Targeted Performance Standard(s) for Each Function:

1. Health improvements result in improved quality of life and decreased health care costs. The Idaho Public Health Districts are responsible for monitoring trends in health outcomes and the impact of contributing factors that influence these outcomes. Twelve outcome indicators are currently used to monitor these trends in Idaho. These indicators were selected from those recommended by the Centers for Disease Control (CDC) as health status indicators that should be monitored by all states and local communities.

- A. Reduce the infant mortality rate (deaths of infants under one year of age) to more than 7 deaths per 1,000 live births.

Actual Results			
1997	1998	1999	2000
6.9	7.2	*ND	<-7.0
Projected Results			
2001	2002	2003	2004
**			

- B. Reduce deaths caused by unintentional injuries to no more than 29.3 per 100,000 people.

Actual Results			
1997	1998	1999	2000
39.4	39.3	*ND	<-29.3
Projected Results			
2001	2002	2003	2004
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- C. Reduce deaths caused by motor vehicle crashes to no more than 16.8 per 100,000 people.

Actual Results			
1997	1998	1999	2000
19.3	21.8	*ND	<-16.8
Projected Results			
2001	2002	2003	2004
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- D. Reduce breast cancer deaths to no more than 20.6 per 100,000 women.

Actual Results			
1997	1998	1999	2000
18.5	18.7	*ND	<-20.6
Projected Results			
2001	2002	2003	2004
**			

- E. Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women.

Actual Results			
1997	1998	1999	2000
2.5	2.4	*ND	<-1.3
Projected Results			
2001	2002	2003	2004
**			

Public Health Districts

Public Health Districts

F. Reduce coronary heart disease deaths to no more than 100 per 100,000 people.

Actual Results			
1997	1998	1999	2000
80.7	71.2	*ND	<-100
Projected Results			
2001	2002	2003	2004
**			

G. Reduce stroke deaths to no more than 20 per 100,000 people.

Actual Results			
1997	1998	1999	2000
25.6	24.7	*ND	<-20.0
Projected Results			
2001	2002	2003	2004
**			

H. Confine the prevalence of HIV infection to no more than 800 per 100,000 people.

Actual Results			
1997	1998	1999	2000
46.1	48.1	53.2	<800.0
Projected Results			
2001	2002	2003	2004
**			

I. Decrease the number of pertusis cases to less than 75 cases in a given year. (PHD Objective)

Actual Results			
1997	1998	1999	2000
614.0	263.0	146.0	<-75.0
Projected Results			
2001	2002	2003	2004
**			

J. Reduce tuberculosis to an incidence of no more than 3.5 per 100,000 people.

Actual Results			
1997	1998	1999	2000
1.2	1.1	1.2	<-3.5
Projected Results			
2001	2002	2003	2004
**			

K. Reduce Chlamydia trachomatis infections to no more than 170 cases per 100,000 people.

Actual Results			
1997	1998	1999	2000
138.8	164.3	138.0	<-170.0
Projected Results			
2001	2002	2003	2004
**			

L. Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000.

Actual Results			
1997	1998	1999	2000
2.6	1.2	1.0	<-10.0
Projected Results			
2001	2002	2003	2004
**			

M. Reduce the incidence of Hepatitis B to no more than 40 cases per 100,000 people.

Actual Results			
1997	1998	1999	2000
7.5	9.8	8.4	<-40.0
Projected Results			
2001	2002	2003	2004
**			

N. Reduce pneumonia and influenza mortality to no more than 8 per 100,000. (PHD Objective)

Actual Results			
1997	1998	1999	2000
11.1	11.5	*ND	<-8.0
Projected Results			
2001	2002	2003	2004
**			

O. Reduce foodborne outbreaks to no more than 0.3 per 100,000 people.

Actual Results			
1997	1998	1999	2000
0.6	0.4	0.3	<-0.3
Projected Results			
2001	2002	2003	2004
**			

P. Determine a statewide baseline measure for waterborne outbreaks. (PHD Objective)

Actual Results			
1997	1998	1999	2000
0.0	0.0	0.2	0.0
Projected Results			
2001	2002	2003	2004
**			

Public Health Districts

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Program Results and Effect:

Infant Mortality: The Health Districts will monitor the infant mortality rate for the community and focus on decreasing the number of unintended pregnancies; continue to provide Women, Infant and Children services (WIC); identify children at-risk for future physical and developmental delays; and provide family planning services.

Unintentional Injuries: The Health Districts will continue to monitor unintentional death rates, and continue to focus on increasing the use of bike helmets, seat belts, and car safety seats.

Breast and Cervical Cancer Mortality: The Health Districts will continue to provide and promote Pap smear and mammogram services to low income women.

Coronary Heart Disease Mortality: The Health Districts will continue to focus on tobacco prevention education, nutrition education, and diabetes awareness.

HIV Prevention: The Health Districts will monitor the HIV prevalence rates in Idaho, and focus on HIV testing services of the highest-risk clients.

Pertussis: The Health Districts will monitor the number of pertussis cases statewide while maintaining the current level of existing services. The focus will be to promote the development of a statewide immunization registry targeting children 0 - 2 years of age.

Tuberculosis Incidence: The Health Districts will investigate and provide follow-up for all TB cases; provide surveillance of TB incidence; provide screening and clinical services; provide Directly Observed Therapy (DOT) services for infectious cases; and provide technical assistance to private providers on TB.

Sexually Transmitted Disease: The Health Districts will continue to provide screening, treatment, surveillance, and epidemiological follow-up services for syphilis and chlamydia.

Hepatitis B Incidence: The Health Districts will continue to monitor hepatitis B incidence rate; provide hepatitis B immunizations while advocating for private providers to also immunize; and participate in the Hepatitis B Perinatal Program.

Pneumonia and Influenza Mortality: The Health Districts will continue to monitor influenza and pneumonia mortality rates; provide influenza and pneumococcal vaccines, targeting the elderly and persons with chronic disease such as diabetes; educate the community on the importance of at-risk persons receiving the vaccines; and advocate for other health care providers to also give the vaccine.

Foodborne Outbreaks: The Health Districts will continue to monitor rates of foodborne outbreaks and incidence of hepatitis A, Giardiasis, and Shigellosis; provide inspections of food establishments and followup with those that have violations; monitor the percent of foodborne illness complaints at high-risk food establishments and the number of these establishments with three or more critical item violations; provide training for food service workers; and provide inspections and necessary education and follow-up for all licensed daycares in Idaho.

Waterborne Outbreaks: The Health Districts will focus on developing a statewide database which ties together the individual components of well testing, failed drainfields, and the pool program with incidence of enteric disease.

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